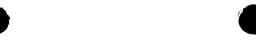




NASA Case No.: 16220-1

DECLARATION, POWER OF ATTORNEY AND PETITION - ORIGINAL APPLICATION

the original, subject matte	first and sole inventor (If only one name Is listed be r which is claimed and for which a patent is sought	post office address and citizenship, are stated below next to my name, I believe I am low) or an original, first and joint inventor (if plural names are listed below) of the on the invention entitled MEMBRANE TENSION CONTROL, the
specification (Date)	of which <u>/</u> is attached hereto, was filed on ((Date) as Application Serial No and was amended on
I have review above.	ved and understand the contents of the above identi-	fied specification, including the claims, as amended by any amendment referred to
I acknowledg in 37 CFR §1		Office all information which is known to me to be material to patentability as defined
of this application acknowledge §1.56 which	eation is not disclosed in the prior United States the duty to disclose to the Patent and Trademark Off	ates application(s) listed below and, insofar as the subject matter of each of the claims application in the manner provided by the first paragraph of 35 U.S.C. §112, I fice all information known to me to be material to patentability as defined in 37 CFR application and the national or PCT international filing date of this application: abandoned.
	n foreign priority benefits under Title 35, United Stat AL APPLICATION NUMBER	tes Code, § 119(e) of any United States Provisional applications listed below: FILING DATE
60/	161,113	October 22, 1999
the status of v	which is	
	_ patented, pending,	_ abandoned.
	ATTORNEY: I hereby appoint the following the and Trademark Office connected therewith	g attorney(s) to prosecute this application and to transact all business h:
	LINDA B. B. BLACKBURN	Reg. No. 38,385
	KURT G. HAMMERLE	Reg. No. 36,819
	ROBIN W. EDWARDS	Reg. No. 39,179
	HILLARY W. HAWKINS	Reg. No. 42,235
	HELEN M. GALUS	Reg. No. 40,615
	SUE H. PALK	Reg. No. 36,422
	GARY G. BORDA	Reg. No. 35,455
	ALAN J. KENNEDY	Reg. No. 28,625
	HARRY LUPULOFF	Reg. No. 31,117
ADDRESS A	ALL CORRESPONDENCE TO:	DIRECT TELEPHONE CALLS TO:
Name:	ROBIN W. EDWARDS	Name: ROBIN W. EDWARDS
MAIL STOP 212 from 3 LANGLEY BOULEVARD 757-864-3		Telephone: (Set out complete number to be dialed from USPTO):
		757-864-3230
	HAMPTON, VA 23681-2199	757-864-3522



Further, as a named inventor 1 certify that the Government of the United States of America, as represented by the Administrator of the National Aeronautics and Space Administration, has \underline{x} an assignment in, or _ license to the invention set forth in this application and has the irrevocable right to practice this application and to receive the patent.

Wherefore, I pray that Letters Patent be granted to me for this invention or discovery described and claimed in the foregoing specification and claims, and I hereby subscribe my name to the foregoing specification, claims, power of attorney and this petition.

I hereby declare that all statements made herein of my own knowledge are true and that - statements made on information and belief are believed to be true; and further that these, statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. §1001; and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF INVENTOR	LAST SU	FIRST Ji	MIDDLE OR INIȚIAL (nmi)
RESIDENCE AND CITIZENSHIP	CITY Highland Park	STATE OR FOREIGN COUNTRY New Jersey	COUNTRY OF CITIZENSHIP U.S.
POST OFFICE	STREET NO. AND NAME 803C Donaldson Street	CITY AND STATE OR (COUNTRY) Highland Park, New Jersey	ZIP CODE 08904
SIGNATURE			DATE

FULL NAME OF INVENTOR	HARRISON	FIRST Joycelyn	MIDDLE OR INITIAL S.
RESIDENCE AND CITIZENSHIP	CITY Hampton	STATE OR FOREIGN COUNTRY Virginia	COUNTRY OF CITIZENSHIP U.S.
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SIGNATURE			DATE

FULL NAME OF INVENTOR	LAST	FIRST	MIDDLE OR INITIAL
RESIDENCE AND CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
POST OFFICE	STREET NO. AND NAME	CITY AND STATE OR (COUNTRY)	ZIP CODE
SIGNATURE	DATE		